

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586,795

FILING DATE

7-20-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		2			
2		1				
3		2				
4						
5						
6						
7						
8		8				
9						
10		1				
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
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49						
50						
TOTAL IND.	1		2			
TOTAL DEP.	9	←	12	←		←
TOTAL CLAIMS	10		14			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		←	←	←		←
TOTAL CLAIMS						